

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:)

RONALD C. ALESSIO ALLISON, M.D.)

Case No. 800-2015-011926

**Physician's and Surgeon's
Certificate No. G 15236)**

Respondent)

DECISION AND ORDER

The attached Stipulated Surrender of License and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on February 28, 2018.

IT IS SO ORDERED February 21, 2018.

MEDICAL BOARD OF CALIFORNIA

By:


**Kimberly Kirchmeyer
Executive Director**

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 JANNSEN TAN
Deputy Attorney General
4 State Bar No. 237826
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 210-7549
Facsimile: (916) 327-2247
7 *Attorneys for Complainant*

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10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 800-2015-011926

14 **RONALD C. ALESSIO ALLISON, M.D.**
15 **415 E. Harding Way, Ste. H**
16 **Stockton, CA 95204**

**STIPULATED SURRENDER OF
LICENSE AND DISCIPLINARY ORDER**

17 **Physician's and Surgeon's Certificate No.**
No. G 15236

18 Respondent.
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21 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
22 entitled proceedings that the following matters are true:

23 **PARTIES**

24 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
25 of California (Board). She brought this action solely in her official capacity and is represented in
26 this matter by Xavier Becerra, Attorney General of the State of California, by Jannsen Tan,
27 Deputy Attorney General.
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2. Ronald C. Alessio Allison, M.D. (Respondent) is represented in this proceeding by attorney Robert F. Hahn Esq., whose address is 2550 Ninth Street, Suite 101 Berkeley, CA 94710.

3. On or about August 16, 1968, the Board issued Physician's and Surgeon's Certificate No. G 15236 to Ronald C. Alessio Allison, M.D. (Respondent). The Physician's and Surgeon's Certificate No. G 15236 was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2015-011926 and will expire on April 30, 2019, unless renewed.

JURISDICTION

4. Accusation No. 800-2015-011926 was filed before the (Board), and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on December 14, 2017. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2015-011926 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2015-011926. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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1 CULPABILITY

2 8. Respondent understands that the charges and allegations in Accusation No. 800-2015-
3 011926, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and
4 Surgeon's Certificate No. G 15236.

5 9. For the purpose of resolving the Accusation without the expense and uncertainty of
6 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual
7 basis for the charges in the Accusation and that those charges constitute cause for discipline.
8 Respondent hereby gives up his right to contest that cause for discipline exists based on those
9 charges.

10 10. Respondent agrees that if he ever petitions for reinstatement of his Physician's and
11 Surgeon's Certificate No. G 15236, or if the Board ever petitions for revocation of probation, all
12 of the charges and allegations contained in Accusation No. 800-2015-011926 shall be deemed
13 true, correct and fully admitted by respondent for purposes of that proceeding or any other
14 licensing proceeding involving respondent in the State of California.

15 11. Respondent understands that by signing this stipulation he enables the Executive
16 Director of the Medical Board to issue an order accepting the surrender of his Physician's and
17 Surgeon's License No. G 15236 on behalf of the Board, without further notice or opportunity to
18 be heard.

19 RESERVATION

20 12. The admissions made by Respondent herein are only for the purposes of this
21 proceeding, or any other proceedings in which the Medical Board of California or other
22 professional licensing agency is involved, and shall not be admissible in any other criminal or
23 civil proceeding.

24 13. Business and Professions Code section 2224, subdivision (b), provides, in pertinent
25 part, that the Medical Board "shall delegate to its executive director the authority to adopt a
26 stipulation for surrender of a license."

27 14. This Stipulated Surrender of License and Disciplinary Order shall be subject to
28 approval of the Executive Director on behalf of the Medical Board. The parties agree that this

1 Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive
2 Director for her consideration in the above-entitled matter and, further, that the Executive
3 Director shall have a reasonable period of time in which to consider and act on this Stipulated
4 Surrender of License and Disciplinary Order after receiving it. By signing this stipulation,
5 Respondent fully understands and agrees that he may not withdraw his agreement or seek to
6 rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board,
7 considers and acts upon it.

8 15. The parties agree that this Stipulated Surrender of License and Disciplinary Order
9 shall be null and void and not binding upon the parties unless approved and adopted by the
10 Executive Director on behalf of the Board, except for this paragraph, which shall remain in full
11 force and effect. Respondent fully understands and agrees that in deciding whether or not to
12 approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive
13 Director and/or the Board may receive oral and written communications from its staff and/or the
14 Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the
15 Executive Director, the Board, any member thereof, and/or any other person from future
16 participation in this or any other matter affecting or involving Respondent. In the event that the
17 Executive Director on behalf of the Board does not, in her discretion, approve and adopt this
18 Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it
19 shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied
20 upon or introduced in any disciplinary action by either party hereto. Respondent further agrees
21 that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason
22 by the Executive Director on behalf of the Board, Respondent will assert no claim that the
23 Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review,
24 discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or
25 of any matter or matters related hereto.

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17.. The parties agree that copies of this Stipulated Surrender of License and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies and signatures shall have the same force and effect as originals.

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IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 15236, issued to Respondent Ronald C. Alessio Allison, M.D., is surrendered and accepted by the Medical Board of California.

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1 Respondent when the Board determines whether to grant or deny the petition. However, the
2 allegations may be deemed to be true, correct and fully admitted by Respondent solely for the
3 purposes of the Board's determination as to whether to grant or deny the petition and may not be
4 used and are not intended to be admissions in any other proceeding.

5 5. If Respondent should ever apply or reapply for a new license or certification, or
6 petition for reinstatement of a license, by any other health care licensing agency in the State of
7 California, all of the charges and allegations contained in Accusation No. 800-2015-011926 shall
8 be deemed to be true, correct, and fully admitted by Respondent for the purpose of any
9 Statement of Issues or any other proceeding seeking to deny or restrict licensure. However, the
10 allegations may be deemed to be true, correct and fully admitted by Respondent solely for the
11 purposes of the Board's determination as to whether to grant or deny the petition and may not be
12 used and are not intended to be admissions in any other proceeding.

13 **ACCEPTANCE**

14 I have carefully read the above Stipulated Surrender of License and Disciplinary Order and
15 have fully discussed it with my attorney, Robert F. Hahn Esq. I understand the stipulation and the
16 effect it will have on my Physician's and Surgeon's Certificate No. G 15236. I enter into this
17 Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to
18 be bound by the Decision and Order of the Medical Board of California.

19
20 DATED: _____

21 RONALD C. ALESSIO ALLISON, M.D.
22 *Respondent*

23 I have read and fully discussed with Respondent Ronald C. Alessio Allison, M.D. the terms
24 and conditions and other matters contained in this Stipulated Surrender of License and Order. I
25 approve its form and content.

26 DATED: _____

27 ROBERT F. HAHN
28 *Attorney for Respondent*

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1 Respondent when the Board determines whether to grant or deny the petition. However, the
2 allegations may be deemed to be true, correct and fully admitted by Respondent solely for the
3 purposes of the Board's determination as to whether to grant or deny the petition and may not be
4 used and are not intended to be admissions in any other proceeding.

5 5. If Respondent should ever apply or reapply for a new license or certification, or
6 petition for reinstatement of a license, by any other health care licensing agency in the State of
7 California, all of the charges and allegations contained in Accusation No. 800-2015-011926 shall
8 be deemed to be true, correct, and fully admitted by Respondent for the purpose of any
9 Statement of Issues or any other proceeding seeking to deny or restrict licensure. However, the
10 allegations may be deemed to be true, correct and fully admitted by Respondent solely for the
11 purposes of the Board's determination as to whether to grant or deny the petition and may not be
12 used and are not intended to be admissions in any other proceeding.

13 ACCEPTANCE

14 I have carefully read the above Stipulated Surrender of License and Disciplinary Order and
15 have fully discussed it with my attorney, Robert F. Hahn Esq. I understand the stipulation and the
16 effect it will have on my Physician's and Surgeon's Certificate No. G 15236. I enter into this
17 Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to
18 be bound by the Decision and Order of the Medical Board of California.

19
20 DATED: 26 Jan 018

Ronald C Alessio Allison
RONALD C. ALESSIO ALLISON, M.D.
Respondent

22 I have read and fully discussed with Respondent Ronald C. Alessio Allison, M.D. the terms
23 and conditions and other matters contained in this Stipulated Surrender of License and Order. I
24 approve its form and content.

25 DATED: 1/26/18

Robert F. Hahn
ROBERT F. HAHN
Attorney for Respondent

Justina Mignea
for

Robert Hahn

27 ///

28 ///

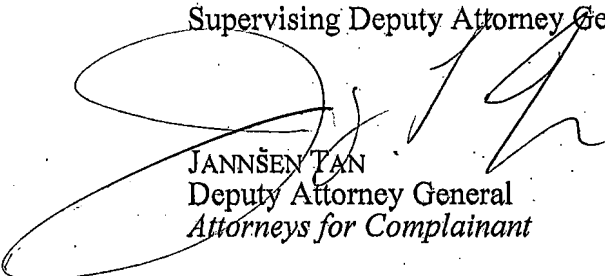
ENDORSEMENT

The foregoing Stipulated Surrender of License and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

Dated: 1/27/18

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General


JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2015-011926

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
JANNSEN TAN
Deputy Attorney General
State Bar No. 237826
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7549
Facsimile: (916) 327-2247

Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 800-2015-011926

Ronald C. Alessio Allison, M.D.
415 E. Harding Way, Ste. H
Stockton, CA 95204

A C C U S A T I O N

Physician's and Surgeon's Certificate
No. G 15236,

Respondent.

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about August 16, 1968, the Medical Board issued Physician's and Surgeon's Certificate No. G 15236 to Ronald C. Alessio Allison, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2019, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code states:

“(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

“(1) Have his or her license revoked upon order of the board.

“(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

“(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

“(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

“(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

“(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.”

5. Section 822 of the Code states:

“If a licensing agency determines that its licentiate’s ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

“(a) Revoking the licentiate’s certificate or license.

1 “(b) Suspending the licentiate’s right to practice.

2 “(c) Placing the licentiate on probation.

3 “(d) Taking such other action in relation to the licentiate as the licensing agency in its
4 discretion deems proper.

5 “The licensing agency shall not reinstate a revoked or suspended certificate or license until
6 it has received competent evidence of the absence or control of the condition which caused its
7 action and until it is satisfied that with due regard for the public health and safety the person’s
8 right to practice his or her profession may be safely reinstated.”

9 6. Section 2234 of the Code, states:

10 “The board shall take action against any licensee who is charged with unprofessional
11 conduct¹. In addition to other provisions of this article, unprofessional conduct includes, but is not
12 limited to, the following:

13 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
14 violation of, or conspiring to violate any provision of this chapter.

15 “(b) Gross negligence.

16 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
17 omissions. An initial negligent act or omission followed by a separate and distinct departure from
18 the applicable standard of care shall constitute repeated negligent acts.

19 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate
20 for that negligent diagnosis of the patient shall constitute a single negligent act.

21 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
22 constitutes the negligent act described in paragraph (1), including, but not limited to, a
23 reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from the
24 applicable standard of care, each departure constitutes a separate and distinct breach of the
25 standard of care.

26 ¹ Unprofessional conduct has been defined as conduct which breaches the rules or ethical
27 code of the medical profession, or conduct which is unbecoming a member in good standing of
28 the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board
of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

1 “(d) Incompetence.

2 “(e) The commission of any act involving dishonesty or corruption which is substantially
3 related to the qualifications, functions, or duties of a physician and surgeon.

4 “(f) Any action or conduct which would have warranted the denial of a certificate.

5 “(g) The practice of medicine from this state into another state or country without meeting
6 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
7 apply to this subdivision. This subdivision shall become operative upon the implementation of the
8 proposed registration program described in Section 2052.5.

9 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
10 participate in an interview by the board. This subdivision shall only apply to a certificate holder
11 who is the subject of an investigation by the board.”

12 7. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain
13 adequate and accurate records relating to the provision of services to their patients constitutes
14 unprofessional conduct.”

15 **FIRST CAUSE FOR DISCIPLINE**
 (Repeated Negligent Acts)

16 8. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined
17 by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his
18 care and treatment of Patients A, B, C, D, E, and F², as more particularly alleged hereinafter.

19 Patient A

20 9. On or about December 12, 2012, Respondent saw Patient A for a worker’s
21 compensation evaluation. Patient A was a 50-year-old male who presented with complaints of
22 sexual dysfunction, decreased sexual function, sexual desire, post-void dribbling of urine, and
23 pain after ejaculation.

24 10. Respondent performed a complete history and physical including a neurological
25 examination. The neurological examination revealed a slightly decreased vibratory sense in the
26 left leg. Respondent also performed an intra-corporeal injection of prostaglandin with a “slightly

27 ² Alphabetical patient identifiers are used in lieu of patient names to protect patient
28 confidentiality.

1 decreased reaction and duration of erection.” Respondent recommended Viagra for the sexual
2 dysfunction and Finasteride was prescribed “to prevent prostate cancer and decrease the prostatic
3 size by one third over a six-month time.” Respondent saw Patient A for follow up visits on or
4 about January 30, 2013, and March 5, 2013.

5 11. On or about February 5, 2015, Respondent saw Patient A for a follow up visit as part
6 of a worker’s compensation claim. Patient A spent 3 hours and 45 minutes in Respondent’s
7 office with multiple periods where Respondent left the room and then came back. During this
8 visit, Respondent asked Patient A about his height. When Patient A answered that he thought he
9 was 6 feet tall, Respondent responded in an argumentative tone and stated, “What, you don’t
10 know? Don’t you measure yourself?” Respondent also made rude and sarcastic comments to
11 Patient A when Patient A asked Respondent whether or not he should remove his underwear for
12 the physical examination.

13 12. Respondent asked Patient A if he was one of the 5 or 6 categories that was dependent
14 on the welfare system or public aid. Respondent also asked if the worker’s compensation carrier
15 was punished after Patient A’s first worker’s compensation claim was denied.

16 13. During this visit, Respondent spent approximately 20 minutes discussing monthly
17 income, worker’s benefits, final settlement, and amounts that Patient A was seeking in worker’s
18 compensation benefits. Respondent lectured Patient A about political and legal events relating to
19 worker’s compensation. Respondent, using a cynical tone, congratulated Patient A on suing the
20 “richest city in the Delta region.”

21 14. Respondent spent approximately 15 minutes asking Patient A about personal and
22 family relationships. He also queried him about international events occurring in south and
23 central American countries. If Patient A refused to answer, Respondent would ask “Why?” and
24 “Why do you not know about this information?”

25 15. Respondent derisively criticized Patient A’s primary care provider and mockingly
26 responded to Patient A’s responses to his question. Respondent would incorrectly and scornfully
27 mimic Patient A’s information back to Patient A. He mocked Patient A by asking him “Are you
28 asking three figures, five figures, six figures? You know what a figure is don’t you?” When

1 Patient A answered that he was concerned about his health, Respondent answered, "Right, when
2 don't people care about money?"

3 16. Respondent told Patient A that doctors "cued" Patient A into certain side effects,
4 stating that it was a "self fulfilling prophecy," much like a "chicken that pecks 1000 times at a
5 spot for a kernel of feed to fall down." Respondent cited an experiment much like the well known
6 "Pavlov's Dog," in response to a stimuli response experiment. Respondent also questioned
7 Patient A's visit to another physician for a head, neck injury and surgery and repeatedly and
8 mockingly referred to the reason for the referral as "Alzheimer's."

9 17. Respondent also made derogatory statements about Patient A's wife. Respondent, in
10 light of Patient A's presenting complaints, asked Patient A, "why does she like semen?"
11 Respondent continued, "is it some kind of control the woman has over the man?" Respondent
12 also questioned Patient A why the amount of semen matters to his wife if they were not going to
13 have any future children. Respondent continued to ask Patient A why Patient A's wife liked "a
14 lot of semen?"

15 18. Respondent disagreed with Patient A and stated that he could not have the symptoms
16 that he was complaining about. Respondent then asked Patient A if he took Latin in school. He
17 then explained some Latin words and wrote them on a piece of paper.

18 19. During the neurological examination, Respondent used a pin to check for sensation in
19 the lower extremities. During this portion of the examination, Patient A suffered a minor
20 puncture injury on his lower left leg that required the application of a bandage. Respondent asked
21 if Patient A was taking blood thinners, and started patting Patient A's leg several times for
22 approximately one minute. Respondent stated that Patient A must have a vein close to the surface
23 which is why he bled a lot.

24 20. Respondent committed repeated negligent acts in his care and treatment of Patient A.
25 which included, but were not limited to the following:

26 A. Respondent punctured Patient A's leg during the course of a routine neurological
27 examination.

28 B. Respondent's inappropriate conduct towards Patient A.

Patient B

21. On or about September 30, 2015, Respondent saw Patient B for an office visit and as part of a worker's compensation evaluation. Patient B was a 31-year-old man with history of spinal cord injury with resulting quadriplegia and a neurogenic bladder. He was involved in a car accident that left him unable to care for himself. His bladder is managed by a suprapubic cystostomy tube. Patient B presented with issues with hematuria, recurrent UTI, and management of his suprapubic cystostomy tube as part of the worker's compensation evaluation.

22. Respondent performed a complete history and physical of Patient B. Respondent documented a review of records and summarized the prior records in his note. Respondent documented his diagnosis as quadriparesis with a paralyzed bladder and paralyzed colon, and complications of quadriparesis, a suprapubic tube, daily enema, daily laxatives, and occasional urinary tract infection with rule-out hematuria.

23. Respondent documented further treatment to include discontinuation of Keflex. He concluded that the blood in the urine is likely from the catheter and does not represent a "cancer sign or signal." Respondent documented "that the blood in the urine is probably mixed with a lot of water and does not represent a pint of blood lost." He added that "this will probably happen from time to time due to the irritation of the tube on the bladder wall."

24. During this visit, Patient B was accompanied by a Spanish interpreter, CM. CM observed Respondent act rudely towards Patient B and CM. Respondent made comments that people over there (Mexican heritage) don't go to school past 3rd grade. When CM was interpreting Respondent's question to Patient B about Patient B's level of education, Respondent interrupted and said "Don't ask him, cut the bullshit. You went to school there so you tell me, don't bullshit me." Respondent asked CM about her level of education and made comments assuming CM had free education. Respondent stated, "You had free education, thanks to Obama. That must have been nice. Did you like that?"

25. Respondent also made other comments such as asking the nurse aid who attended the appointment with Patient B if she knew what a green card was; telling CM not to interpret his comment to Patient B, because he won't get it anyway.

1 26. Respondent committed repeated negligent acts in his care and treatment of Patient B
2 which included, but were not limited to the following:

3 A. Respondent failed to appropriately treat Patient B's hematuria. Respondent failed to
4 document if there was a clear history of trauma from the catheter; consider a differential
5 diagnosis; perform an upper tract evaluation in the form of an ultrasound or CT scan; and
6 consider cystoscopy in the absence of another cause.

7 B. Respondent's inappropriate conduct towards Patient B and CM.

8 Patient C

9 27. On or about May 8, 2015, Respondent saw Patient C for an office visit. Patient C was
10 a 12-year-old girl who presented with recurrent urinary infections. She also had a history of
11 ureteral duplication, vesico-ureteral reflux.

12 28. Respondent documented patient history primarily on an intake form and in a single
13 page letter dated May 8, 2015, addressed to Patient C's referring physician. Respondent
14 documented Patient C "had a VCUG, showing reflux at age 2, and another VCUG at age 6,
15 showing reflux at age 6." Respondent added that "She was set up for an exam. However, she did
16 not want a physical exam. Blood pressure was normal. Weight 101 pounds. Temperature 97.4.
17 Urine: shows a ph of 7, otherwise, negative." Respondent listed Patient C's diagnosis as
18 "Recurrent UTI with reflux." Respondent recommended that Patient C "may outgrow this reflux
19 when she is 15 or 17 years old. We will check her then."

20 29. The patient's mother accompanied her during the examination. Patient C's mother
21 observed that Respondent was rude and condescending. Respondent focused his examination on
22 questions about Patient C's family's economic status and education level. Patient C's mother
23 observed that Respondent only asked a minimal amount of medical history about Patient C and
24 argued with Patient C's mother over the procedures previously performed on Patient C.

25 30. Respondent instructed the mother to have Patient C take off her pants and underwear.
26 Respondent told her that doctors were supposed to perform a pelvic exam and pap smear every
27 visit, but sometimes they cheat the system and do not do one. Patient C's mother was concerned
28 as Respondent left the room.

1 31. After Respondent left, Patient C begged her mother not to be left alone with
2 Respondent and became very upset and started crying. Patient C's mother left the room to tell the
3 receptionist that she did not want the examination performed. She stated that she was
4 uncomfortable with the examination since Patient C just had a physical with her pediatrician and
5 there was no female nurse on staff. The receptionist told her that it was fine.

6 32. Respondent returned a short while later and in an angry tone asked Patient C's mother
7 if she was refusing the examination. Patient C's mother responded in the affirmative and stated
8 that "she does not understand why this examination is necessary since [Patient C] just had a
9 complete physical with her pediatrician and no urologist has ever asked to do a pap smear on her."

10 33. Respondent responded by writing down the word "complete" in a piece of paper and
11 asked Patient C's mother to look it up in the dictionary since she "obviously didn't know what it
12 meant." Patient C's mother responded that Respondent was being rude. Respondent then took
13 off his gloves, threw them and told Patient C and her mother to get out.

14 34. Respondent committed repeated negligent acts in his care and treatment of Patient C
15 which included, but were not limited to the following:

16 A. Respondent's lack of clinical indication to perform a pap smear on Patient C; and/or
17 Respondent's failure to communicate the indications to the patient and her mother.

18 B. Respondent's dismissal of Patient C and her mother without proper communication of
19 medical information and recommendation for care.

20 C. Respondent's lack of adequate documentation of any history of present illness.

21 D. Respondent's inappropriate conduct towards Patient C and her mother.

22 Patient D

23 35. On or about October 2, 2015, Respondent saw Patient D for an office visit. Patient D
24 was a 60-year-old man, hard of hearing, intellectually disabled, and suffered from a seizure
25 disorder. Respondent documented his diagnosis as "History of UTI, GERD, epilepsy and history
26 of mental retardation." Respondent documented his recommendation, "Septra, full dose five days
27 and then half dose for two months. He will consider having Doxycycline instead. Return in one
28 month."

1 36. On or about December 4, 2015, Patient D was diagnosed with acute urinary retention
2 at Mercy San Juan Hospital and a catheter was installed in his bladder. The ER doctor
3 recommended a follow up visit to Patient D's primary care doctor and added that Patient D
4 needed to see a urologist as soon as possible.

5 37. On or about December 9, 2015, Respondent saw Patient D for a follow up visit.
6 Respondent recommended leaving the catheter in and considered surgery in January with void
7 trial planned after December 25, 2015.

8 38. On or about December 21, 2015, Respondent saw Patient D for an office visit. Patient
9 D's caretaker, CN, stated that this visit was supposed to be for a prostate ultrasound, but was
10 made in error, which resulted in the ultrasound not being performed. Respondent spoke to CN,
11 and asked if Patient D was on government assistance. Respondent engaged CN in a conversation
12 about politics. Respondent spoke at length about the welfare state, and referred CN to the
13 dictionary to look up the definition. Respondent then spoke about President Obama's state of the
14 union address, and discussed politics. CN tried to disengage and reminded Respondent to focus
15 on Patient D's care. CN reminded Respondent to remind his staff about the ultrasound in the
16 future. Respondent begrudgingly did so and was visibly irritated.

17 39. On or about January 12, 2016, Respondent saw Patient D for the ultrasound. CN
18 observed Respondent to be visibly irritated at Patient D since Patient D was hard of hearing. CN
19 reminded Respondent that Patient D was hard of hearing and intellectually disabled. CN
20 explained that part of the reason for CN's presence at the appointment was to communicate
21 Patient D's needs to Respondent in an efficient manner. Respondent then began to speak about
22 the government again, and complained about the welfare system. Respondent stated that people
23 like Patient D were bankrupting the country. He spoke about the Affordable Health Care Act and
24 how people like Patient D get free healthcare, but did not help pay for it. Respondent complained
25 that the government did not have the money to pay for it and that the United States was borrowing
26 money to pay for it. Respondent continued that Patient D would never be a CEO, and that society
27 should not treat him like one. During this visit, Respondent changed Patient D's catheter. Patient
28 D was not allowed to empty the catheter bag.

1 40. Respondent stated that he had a phone conversation with Patient D's family in May
2 2016. He stated that Patient D was doing well. Respondent failed to document the telephone
3 visit.

4 41. Respondent committed repeated negligent acts in his care and treatment of Patient D
5 which included, but were not limited to the following:

6 A. Respondent failed to document a telephone conversation he had with Patient D.

7 B. Respondent's inappropriate conduct towards Patient D.

8 Patient E

9 42. On or about January 22, 2016, Respondent saw Patient E for an office visit. Patient E
10 was a 4-year-old boy who presented with complaints of pain on the penis and phimosis. Patient E
11 was not circumcised. Respondent documented that "foreskin is adequately open for urination."
12 Respondent documented a diagnosis of "normal child, normal boy, normal foreskin." Respondent
13 documented "no treatment." He added: "At this time, the aunt seemed to get angry that nothing
14 was wrong and refused any further conversation."

15 43. Patient E's caretaker, MB together with Patient E's mother, observed that Respondent
16 only glanced at Patient E and did not perform an adequate check up. Respondent also told them
17 to "stop playing with him and if [they] wanted to play with someone, play with [their] husband's
18 penis, [Patient E] will play with himself at 14 years old."

19 44. Respondent also told MB that Patient E's mother is "stupid" and that "she probably
20 went to 3rd grade." Respondent proceeded to draw something on a piece of paper and held the
21 paper up close to Patient E's mother's nose. MB tried to take the piece of paper away but
22 Respondent put it in his pocket before MB could take it. Respondent then called Patient E
23 "stupid, most Mexicans are." MB responded that Patient E can speak both English and Spanish.
24 Respondent responded "smart ass."

25 45. Respondent committed repeated negligent acts in his care and treatment of Patient E
26 which included, but were not limited to the following:

27 A. Respondent's inappropriate conduct towards Patient E, his mother, and MB.

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1 Patient F

2 46. On or about December 8, 2015, Respondent saw Patient F for a worker's
3 compensation evaluation. Patient F presented with complaints of bed-wetting and urinary
4 urgency. Patient F has a history of a back injury after a fall.

5 47. Respondent documented a full history and performed a neurological examination as
6 part of the visit. Respondent reviewed and summarized the prior records and documented it in his
7 note. Respondent recommended further testing be performed with urodynamics and a trial of
8 oxybutynin 5 mg. twice a day for the urinary urgency symptoms.

9 48. Respondent's questioning during the visit did not focus on Patient F's symptoms.
10 The discussion focused on who would be paying for Patient F's medical care and the worker's
11 compensation system. Patient F also heard Respondent make prejudiced remarks about his
12 appearance.

13 49. During the neurological examination, while testing for sensation, Respondent pricked
14 Patient F and punctured the bottom of Patient F's foot.

15 50. Respondent committed repeated negligent acts in his care and treatment of Patient F
16 which included, but were not limited to the following:

17 A. Respondent failed to apply a light pinprick to test for sensation.

18 B. Respondent's inappropriate behavior.

19 **SECOND CAUSE FOR DISCIPLINE**
20 **(Failure to Maintain Adequate and Accurate Medical Records)**

21 51. Respondent is further subject to discipline under sections 2227 and 2334, as defined
22 by section 2266, of the Code, in that he failed to maintain adequate and accurate medical records
23 in the care and treatment of Patient A, B, C, D, E, and F, as more particularly alleged hereinafter:
24 Paragraphs 9 through 50, above, are hereby incorporated by reference and realleged as if fully set
25 forth herein.

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THIRD CAUSE FOR DISCIPLINE
(General Unprofessional Conduct)

52. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged hereinafter: Paragraphs 9 through 50, above, are hereby incorporated by reference and realleged as if fully set forth herein.

FIRST CAUSE FOR ACTION
(Mental or Physical Illness Affecting Competency to Practice Medicine)

53. Respondent's Physician's and Surgeon's Certificate No. G 15236 is subject to action under section 822 of the Code in that his ability to practice medicine safely is impaired because he is mentally or physically ill affecting competency, as more particularly alleged hereinafter. Paragraphs 9 to 50, above, are hereby incorporated by reference and realleged as if fully set forth herein.

54. On or about May 5, 2016, Respondent agreed to undergo medical evaluations to be undertaken by the Board.

55. On or about June 27, 2017, Respondent saw a Board Neuropsychologist for the Board evaluation. The Board Neuropsychologist, Dr. JP, found that there was significant decline in specific cognitive domains, including language, memory, speed of information, executive function and fine motor dexterity. Dr. JP recommended that Respondent be observed and/or supervised in his interactions with at least three patients and at least three surgical procedures. Dr. JP recommended a follow up visit to a neurologist to determine likely etiology.

56. On or about October 9, 2017, Board Neurologist, Dr. JS evaluated Respondent. Dr. JS found many features of mild cognitive impairment. Dr. JS did not find definite evidence that Respondent has a neurological disorder which is severe enough to impact his ability to safely practice medicine, though Respondent may have a psychiatric disorder which could impact Respondent's effectiveness in patient interaction and management. Dr. JS recommended

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1 monitoring by colleagues to monitor for presence of errors in diagnosis which may arise in the
2 future from progression of cognitive impairment.

3 **PRAYER**

4 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
5 and that following the hearing, the Medical Board of California issue a decision:

- 6 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 15236, issued to
7 Respondent, Ronald C. Alessio Allison, M.D.;
- 8 2. Revoking, suspending or denying approval of Respondent Ronald C. Alessio Allison,
9 M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 10 3. Ordering Respondent Ronald C. Alessio Allison, M.D., if placed on probation, to pay
11 the Board the costs of probation monitoring; and
- 12 4. Taking such other and further action as deemed necessary and proper.

13
14 DATED: December 14, 2017


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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